

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



**SAN FRANCISCO AFFORDABLE HOUSING
RENTAL LOTTERY APPLICATION**

Edwin M. Lee
Mayor

Olson Lee
Director

ALL HOUSEHOLD MEMBERS MAY APPEAR ON ONLY ONE APPLICATION PER LISTING
(All applications containing any person who appears on more than one application
will be removed from the lottery)

YOUR NAME

YOUR DATE OF BIRTH

First Name

Middle Name

Last Name

mm/dd/yy

Listing Address: Five 88 (588 Mission Bay Blvd North)

How many people will
live in your unit?

What is the total annual household gross (before taxes)
income from all sources for every person in your household?

\$

Do you or another member of your household have a housing voucher or subsidy? Yes No

APPLICANT INFORMATION

YOUR RESIDENCE ADDRESS

We cannot accept a PO box here.

Street No. Street Name Street Type Unit
City State Zip Code

YOUR MAILING ADDRESS - you may use a PO box
(if different from residence address)

Street No. Street Name Street Type Unit
City State Zip Code

YOUR PHONE #

Home Work Cell

YOUR SECOND PHONE #

Home Work Cell

YOUR EMAIL

(leave blank if you don't have one)

Area Code Phone Number

Area Code Phone Number

SOMEONE WE MAY CONTACT IF WE CANNOT REACH YOU? (optional)

PHONE NUMBER

First Name

Last Name

(Area Code) Phone Number

HOW DO YOU KNOW THIS PERSON?

Family Member Friend Other _____

Social Worker or Housing Counselor **NAME OF AGENCY:** _____

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(continued)

Thinking about the past 30 days, what best describes your living situation?

CURRENT LIVING SITUATION

I'm renting a room, apartment, or house.

This includes living in a supportive housing unit or SRO for which you pay.

How much is your rent per month? \$ _____

I live in a home that I own

I live in a home that a household member owns, and I do not pay rent

I'm homeless.

Includes living outside, or in your car, or staying at a shelter, or in a motel/hotel paid for with an emergency voucher.

I have somewhere to stay, but it isn't permanent.

Includes staying with friends or family, living in a motel/hotel, or living in a medical or other facility, and those who have received an eviction notice for their current residence.

How long have you been in a temporary housing or homeless situation? _____

When was the last time you had a stable, long-term living situation (6 months ago, 2 years ago, etc.)?

Who else will live in the unit for which you are applying, including minors?

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HOUSEHOLD MEMBER INFORMATION

You must enter the date of birth for each household member.

First Name *Middle Name* *Last Name* *Date of Birth (REQUIRED)*

First Name *Middle Name* *Last Name* *Date of Birth (REQUIRED)*

First Name *Middle Name* *Last Name* *Date of Birth (REQUIRED)*

First Name *Middle Name* *Last Name* *Date of Birth (REQUIRED)*

At least one member of my household (including me) has served in the U.S. Military

At least one member of my household (including me) requires a unit with ADA-Accessible features

If checked, please specify needed features and indicate mobility impaired and/or hearing/vision impaired:

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(continued)

Does anyone in your household have any of the following preferences? (check all that apply)

If eligibility for a preference cannot be verified or acceptable documentation to prove eligibility for a preference is not submitted, your household will not receive the preference for which you indicate eligibility (you will not be otherwise penalized). Please see the posting for more information about the preferences.

HOUSEHOLD PREFERENCE INFORMATION

At least one household member must live in San Francisco or work in San Francisco at least 75% of their working hours for the preferences below. To prove eligibility, **one** of the listed documents must be submitted with your application:

Live in San Francisco Preference

- Telephone bill (land line only)
- Cable or internet bill
- Gas or Electric bill
- Garbage bill
- Water bill
- Paystub (listing home address)
- Public benefits record
- School record

Work in San Francisco Preference

- Paystub (showing employer address in San Francisco)
- Letter from employer verifying employment in San Francisco with at least 75% of working hours in the City

At least one household member must be an employee of a public higher education institution or a public healthcare institution located in San Francisco for the preferences below.

Employee of a public higher education institution located in San Francisco

Employee of a public healthcare institution located in San Francisco

To prove eligibility for this preference, you must submit a current paystub listing the public higher education institution or public healthcare institution employer.

Documentation must list the household member's name and current address or employer and be **dated within 45 days** of the date of this application.

Certificate of Preference

If you hold a Certificate of Preference (COP) from the former San Francisco Redevelopment Agency. COP holders were displaced by Agency action generally during the 1960s and 1970s. If you have not heard of this preference, you most likely do not have it. Please call 415-701-5613 if you think you qualify.

Name of COP Holder: _____

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(continued)

TERMS

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This application must be physically received (by mail or in person) by the listing due date. Please see housing.sfgov.org, or contact the property developer or leasing agent for deadline and location to submit the application.

Applicants will be contacted by the leasing agent in lottery rank and preference order until vacancies are filled. All of the information that you have provided will be verified and your eligibility confirmed. Your application will be removed from the lottery if you have made any fraudulent statements, or if any household member appears on more than one application for this listing. If we cannot verify a housing lottery preference that you have claimed, you will not receive the preference but will not be otherwise penalized. Should your application be chosen from the lottery, be prepared to fill out a more detailed application and provide required supporting documents. For more information, please contact the developer or leasing agent posted in the listing. **Completing this lottery application does not entitle you to housing or indicate you are eligible for housing; all applicants will be screened as outlined in the property's Resident Selection Criteria.**

I declare that the foregoing is true and accurate, and acknowledge that any misstatement fraudulently or negligently made on this application will result in removal from the lottery.

SIGNATURE

PRINTED NAME

DATE

How did you hear about this listing? Newspaper MOHCD Website Developer Website Flyer
 Email Alert Friend Housing Counselor Other

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

These **OPTIONAL** questions will not affect your eligibility for housing in any way.
Your individual answers are kept completely confidential and used only for statistical purposes.

Which best describes your gender? (select one)

- Male Female
 Trans Male Trans Female
 Not listed – please specify: _____

Which best describes your sexual orientation? (select one)

- Straight/ Heterosexual
 Gay Lesbian Bisexual
 Questioning/Unsure
 Not listed - please specify: _____

Which best describes your ethnicity? (select one)

- Hispanic/Latino Not Hispanic/Latino

Which best describes your race? (select one)

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

