City and County of San Francisco



REQUESTER'S CURENT CONTACT

REQUESTER'S HOUSING NEEDS

CERTIFICATE OF PREFERENCE SEARCH REQUEST FORM

London N. Breed

Mayor

Eric D. Shaw Director

Complete this form to receive a Certificate of Preference only if you, your parent/guardian, or grandparents were displaced in the 1960's or 1970's by the Former San Francisco Redevelopment Agency (Agency).

TODAY'S DATE: _

mm/dd/yy

REQUESTER'S NAME:

DATE OF BIRTH:

	Title	First Name	, .	Middle N	Vame		Last Name		mr	n/dd/yy
_	CURRENT ADDRESS					MAILING ADDRESS			Check if same as current	
INFORMATION	Street No	o. Street Name	Stree	t Type	Unit #	Street No.	Street Name		Street Type	Unit #
	Address Line Two				Address Line Two					
≤	City		State	Z	ip Code	City			State	Zip Code
	DAYTIME PHONE MC		MOBILE	BILE PHONE		EMAIL ADDRESS				
	Area Code	Phone Number	Area Code	Phone	e Number					

Please provide the following information:

🗌 Rental	Homeownersh				
Please check the box most associated with your housing needs (Check all that apply):					
🗆 Family 🛛 🗆 In	dividual 🛛 🗆 Senior	□ ADA Accommodation- (Circle: Mobility- Hearing- Vision)			
Gross Monthly Inc Do you have a pre	ar neighborhood in San Francisco? If so, where?				

Mayor's Office of Housing and Community Development

City and County of San Francisco



CERTIFICATE OF PREFERENCE SEARCH REQUEST FORM

London N. Breed Mayor

> Eric D. Shaw Director

Wh	nich cer	tificate are you applyin	g for? New Certific	ate 🔲 Replacement Copy					
1.	Were you the head of household, lease holder, property owner or descendant of the displaced property when it was acquired by the Redevelopment Agency or a minor or household member that lived at the displaced property when it was acquired by the Redevelopment Agency?								
	the	head of household 🗌 a	a minor or household	member* 🗌 Direct Desc	endant*				
		•			the household, please ed by the Redevelopment				
					Leaseholder				
	DOB	First Name	Maiden Name	Last Name	Property Owner				
					Leaseholder				
	DOB	First Name	Maiden Name	Last Name	Property Owner				
2.	Please	e provide the approximate	e Date of Displaceme	nt					
			, I	mm/dd/yy					
3.	What is the Displacement Address? This section is <u>required</u> to conduct an archive search by address and head of household of Redevelopment Agency Records dating back to the 1960's or 1970's.								
	SF AD OCCU	DRESS 1 WHERE DISPLA RRED	CEMENT	SF ADDRESS 2 WHE OCCURRED	RE DISPLACEMENT				
	Street I	lo. Street Name	Street Type Unit #	Street No. Street Name	e Street Type Unit #				
				÷					

4. For Replacement Copy ONLY. If you know your CERTIFICATE# please provide it below:

Please note that if your name does not appear on Redevelopment Agency Records, you will be asked to submit SFUSD transcripts, birth certificates, or other official dated documents to validate that you lived at the displacement address or are a direct descendant of someone on record as having been displaced.

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DESCENDANT CERTIFICATE INFORMATION

REQUESTER'S SIGNATURE

CERTIFICATE OF PREFERENCE SEARCH REQUEST FORM

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For Descendants of Original Displaced Households ONLY

Direct lineal descendants are entitled to apply for a Certificate of Preference. Currently, Descendant Certificates can be used to apply for Office of Community Investment and Infrastructure (OCII) Properties. Property listings on DAHLIA will specify whether the Descendant Certificate of Preference can be used.

- 1. I am a direct lineal *descendant, child, or grandchild of someone who was displaced from a property acquired by the Redevelopment Agency. *Descendant refers to child, grandchild of a Displaced Person with the relationship of parent and child at each generation.
- 2. What is your relationship to the Head of Household listed in Part 1 of this application?
 - Parent/Child Grandparent/Child

Great-Grandparent/Child

3. Please provide birth records linking you to the person (head of household and/or household member) that was displaced by the Redevelopment Agency. Please note that you may need to provide more than one document. For example, if my grandmother was displaced, I will need to provide my birth certificate and my mother's birth certificate to show my relationship to my grandmother who was displaced.

My Birth Certificate My Parent/Guardian's Birth Certificate

I CERTIFY ALL INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND ALL STATEMENTS ARE MADE FOR THE PURPOSE OF APPLYING FOR A CERTIFICATE OF PREFERENCE THROUGH THE CITY AND COUNTY OF SAN FRANCISCO.

APPLICANT'S SIGNATURE

TODAY'S DATE

Mayor's Office of Housing and Community Development

City and County of San Francisco



CERTIFICATE OF PREFERENCE SEARCH REQUEST FORM

London N. Breed

Mayor

Eric D. Shaw Director

Female Male Chinese – Cantonese Genderqueer/Gender Non-binary Chinese – Mandarin Trans Female Trans Male	Help us ensure we are meeting o	ur goal to serve all people
Asian Caribbean Chinese Caribbean Filipino Caribbean Japanese South American Korean Other Latino Mongolian Other Latino Central Asian Other Latino South Asian Other Asian Other Asian Other Asian Other Asian Other Middle Eastern or North African Black Pacific Islander African Caribbean, Central American, South American or Mexican Other Black Pacific Islander Indigenous Mareica Indian/Native American America Indian/Native American Other White Indigenous White Mareica Specific Group: Other Indigenous Mareica Indian/Native American Central America or South America (Specific Group: Other Indigenous What is your gender? (Check one that best describes your current Which primary language is spoken at home? Genderqueer/Gender Non-binary Chinese – Cantonese Genderqueer/Gender Non-binary Chinese – Cantonese Chinese – Mandarin Enclish		
America (Specific Group:) Other Indigenous) What is your gender? (Check one that best describes your current gender identity) Female Male Genderqueer/Gender Non-binary Chinese – Cantonese Trans Female Trans Male	What best describes your race and ethnicity? (select all that apply) Asian Chinese Filipino Japanese Korean Mongolian Central Asian South Asian Other Black African American Other Black Indigenous American Indian/Native American (Specific Group:)	Latino Caribbean Central American Kexican South American Other Latino Middle Eastern/West Asian or North African North African North African Other Middle Eastern or North African Other Middle Eastern or North African Pacific Islander Chamorro Native Hawaiian Samoan Other Pacific Islander White European
 Not listed - please specify:	America (Specific Group:) Other Indigenous What is your gender? (Check one that best describes your current gender identity) Female Male Genderqueer/Gender Non-binary Trans Female Trans Male Not listed – please specify: How do you describe your sexual orientation or sexual identity? (Check one) Bisexual Gay/ Lesbian/Same-Gender Loving Questioning/Unsure Straight/ Heterosexual Not listed - please specify:	Which primary language is spoken at home? (Select the language that is most commonly spoken at home Chinese – Cantonese Chinese – Mandarin English Filipino Russian Spanish Vietnamese Other Language Spoken at Home? For Service Rending: Pronouns and Chosen Name She/Her/Hers He/Him/His They/Them/Theirs Not listed. Please specify:

San Francisco Certificate of Preference Program *for more info visit <u>http://sfmohcd.org/certificate-preference</u> 1 South Van Ness Avenue 5th Floor San Francisco, CA 94103