

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

London N. Breed
Mayor

Eric D. Shaw
Director



**CERTIFICATE OF PREFERENCE
SEARCH REQUEST FORM**

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 CURRENT CONTACT INFORMATION

REQUESTER'S 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

MOBILE PHONE

EMAIL ADDRESS

Area Code Phone Number Area Code Phone Number

REQUESTER'S HOUSING NEEDS

Please provide the following information:

Please check the box of the type of housing in which you are interested:

Rental Homeownership Both

Please check the box most associated with your housing needs (Check all that apply):

Family Individual Senior ADA Accommodation- (Circle: Mobility- Hearing- Vision)

Gross Monthly Income: _____

Do you have a preference to live in a particular neighborhood in San Francisco? If so, where?

How did you hear about the COP Program? Circle: Family/Friend, Housing Counselor, Flyer, Gov. Agency, Other

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Which certificate are you applying for? New Certificate 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 minor or household member* Direct Descendant*

*If you were a minor, household member or direct descendant to anyone in the household, please provide the following information for the head of household who was displaced by the Redevelopment Agency.

DOB First Name Maiden Name Last Name Leaseholder Property Owner

DOB First Name Maiden Name Last Name Leaseholder Property Owner

2. Please provide the approximate Date of Displacement _____
mm/dd/yy

3. What is the Displacement Address?
This section is required 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 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 # |

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.

NEW CERTIFICATE AND REPLACEMENT COPY INFORMATION

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

These optional questions will not affect your eligibility for a Certificate of Preference in any way.
Your individual answers are kept completely confidential and used only for statistical purposes.

What best describes your race and ethnicity? (select all that apply)

Asian

- Chinese
- Filipino
- Japanese
- Korean
- Mongolian
- Central Asian
- South Asian
- Southeast Asian
- Other Asian _____

Black

- African
- African American
- Caribbean, Central American, South American or Mexican
- Other Black _____

Indigenous

- American Indian/Native American
(Specific Group: _____)
- Indigenous from Mexico, the Caribbean, Central America or South America (Specific Group: _____)
- Other Indigenous _____

Latino

- Caribbean
- Central American
- Mexican
- South American
- Other Latino _____

Middle Eastern/West Asian or North African

- North African
- West Asian
- Other Middle Eastern or North African _____

Pacific Islander

- Chamorro
- Native Hawaiian
- Samoan
- Other Pacific Islander _____

White

- European
- Other White _____

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: _____

Are you a Veteran? Yes No Prefer not to Answer

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 Rendering: Pronouns and Chosen Name

- She/Her/Hers
- He/Him/His
- They/Them/Theirs
- Not listed. Please specify: _____

By what name do you wish to be called?