

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



**London N. Breed**  
Mayor

**CERTIFICATE OF PREFERENCE  
SEARCH REQUEST APPLICATION**

**Daniel Adams**  
Acting Director

Complete this application only if you have been displaced from Western Addition or Bayview Hunters Point in the 1960's or 1970's by the Former San Francisco Redevelopment Agency (Agency).

**TODAY'S DATE:** \_\_\_\_\_  
mm/dd/yy

Please check the one for which you are applying:

New Certificate       Replacement Copy

**Referring Housing Counselor** (see SF Housing Resource Guide)

Name \_\_\_\_\_  
See Authorization Form

**REQUESTER'S INFORMATION:**

**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**      **EVENING PHONE**      **EMAIL ADDRESS**

Area Code Phone Number      Area Code Phone Number

**HOUSEHOLD SIZE**      **PRIMARY LANGUAGE**      **GROSS MONTHLY INCOME** (helps identify household needs)

\_\_\_\_\_ \$ \_\_\_\_\_

(This section is required to conduct an address and head of household (likely a Parent/Guardian in the 1960's or 1970's) archive search. You may also list: other adult household members, siblings who have a COP Certificate, and the name of the landlord or owner. Please provide as much information as possible.) **APPROXIMATE DATE OF DISPLACEMENT** \_\_\_\_\_

**HEAD OF HOUSEHOLD (of DISPLACEMENT ADDRESS) INFORMATION:** \_\_\_\_\_ mm/dd/yy

**NAME** \_\_\_\_\_

1) Title      First Name      Maiden Name      Last Name      Relationship

2) Title      First Name      Maiden Name      Last Name      Relationship  
(\*Don't remember your former address? Try accessing your SFUSD transcripts or refer to your Birth Record.)

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 #

CONTACT INFORMATION

COP DISPLACEMENT 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.

<p><b>Which best describes your ethnicity? (select one)</b></p> <p><input type="radio"/> Hispanic/Latino <span style="margin-left: 100px;"><input type="radio"/> Not Hispanic/Latino</span></p>	
<p><b>Which best describes your race? (select one)</b></p> <p><input type="radio"/> American Indian/Alaskan Native <span style="margin-left: 50px;"><input type="radio"/> American Indian/Alaskan Native <i>and</i> Black/African American</span></p> <p><input type="radio"/> Asian <span style="margin-left: 150px;"><input type="radio"/> American Indian/Alaskan Native <i>and</i> White</span></p> <p><input type="radio"/> Black/African American <span style="margin-left: 100px;"><input type="radio"/> Asian <i>and</i> White</span></p> <p><input type="radio"/> Native Hawaiian/Other Pacific Islander <span style="margin-left: 50px;"><input type="radio"/> Black/African American <i>and</i> White</span></p> <p><input type="radio"/> White <span style="margin-left: 150px;"><input type="radio"/> Other/Multiracial</span></p>	
<p><b>What is your gender? (Check <u>one</u> that best describes your current gender identity)</b></p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Genderqueer/Gender Non-binary</p> <p><input type="checkbox"/> Trans Female</p> <p><input type="checkbox"/> Trans Male</p> <p><input type="checkbox"/> Not listed – please specify: _____</p>	<p><b>How do you describe your sexual orientation or sexual identity? (Check <u>one</u>)</b></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><input type="checkbox"/> Decline to Answer</p>

Please find more information on the demographic information requested at [www.sfmohcd.org](http://www.sfmohcd.org)

**Please provide the following preference information:**

HOUSING NEEDS	<p><i>Please check the box of the type of housing in which you are interested:</i></p> <p><input type="checkbox"/> Rental <span style="margin-left: 100px;"><input type="checkbox"/> Homeownership</span> <span style="margin-left: 100px;"><input type="checkbox"/> Both</span></p>
	<p><i>Please check the box most associated with your housing needs (Check all that apply):</i></p> <p><input type="checkbox"/> Family <span style="margin-left: 20px;"><input type="checkbox"/> Individual</span> <span style="margin-left: 20px;"><input type="checkbox"/> Senior</span> <span style="margin-left: 20px;"><input type="checkbox"/> ADA Accommodation- <i>(Circle: Mobility- Hearing- Vision)</i></span></p>
	<p><b>Do you have a preference to live in a particular neighborhood in San Francisco? If so, where?</b></p> <p>_____</p>

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

SIGNATURE	<p>I UNDERSTAND ALL STATEMENTS ARE MADE FOR THE PURPOSE OF APPLYING FOR A CERTIFICATE OF PREFERENCE THROUGH THE CITY AND COUNTY OF SAN FRANCISCO. VERIFICATION MAY BE OBTAINED FROM ANY RELEVANT SOURCE. (INCLUDING TRANSCRIPTS FROM THE SAN FRANCISCO UNIFIED SCHOOL DISTRICT AND ONE OF THE FOLLOWING: SOCIAL SECURITY CARD, BIRTH CERTIFICATE, STATE ISSUED ID)</p>	
	<p>_____</p> <p>APPLICANT'S SIGNATURE</p>	<p>_____</p> <p>TODAY'S DATE</p>