



DISPLACED TENANT HOUSING PREFERENCE CERTIFICATE APPLICATION

FIRE DISPLACEMENT VERIFICATION

MOHCD is reviewing the tenant listed below for eligibility for the Displaced Tenant Housing Preference (DTHP) Program made possible by Administrative Code – Preferences in Affordable Housing Programs (#0164-16). This applicant is claiming eligibility based on displacement from a fire. A public safety official must complete this form. Please contact Benjamin Amyes at Human Services Agency – Emergency Response Unit (1650 Mission Street): HSAFireResponse@sfgov.org and 415-557-5370.

NAME				DATE
<i>Title</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	<i>mm/dd/yy</i>

ADDRESS WHERE FIRE DISPLACEMENT OCCURRED	FIRE DISPLACEMENT DATE
<i>Street #</i> <i>Street Name</i> <i>Street Type</i> <i>Unit</i>	<i>mm/dd/yy</i>
<i>Address Line Two</i>	
<i>City</i> <i>State</i> <i>Zip Code</i>	

Is the applicant foreseeably displaced from the unit for 6 months from the Displacement Date?

YES NO

Please explain the current status and circumstance of displacement:

PUBLIC SAFETY OFFICIAL

Print Name: _____ Phone: _____

Title: _____ Agency: _____

VERIFICATION SIGNATURE

DATE

Please return this completed signed form to:
DTHP Program/MOHCD, 1 South Van Ness Ave., 5th Fl., San Francisco, CA 94103 DTHPcertificate@sfgov.org

For questions, please email or call the DTHP Program, (415) 701-5613