DTHP Program Application Instructions

Thank you for your interest in applying for an affordable housing preference certificate through the San Francisco Displaced Tenant Housing Preference Program (DTHP).

It is important to understand both the guidelines for applying and qualifying for a DTHP certificate. For program details, please review the City and County of San Francisco Affordable Housing Preference Program Procedures Manual. It can be found on our website at: [https://sfmohcd.org/lottery-preference-programs](https://sfmohcd.org/lottery-preference-programs)

➢ Tenants displaced due to fire must also submit a Fire Displacement Verification form signed by a public safety official.

You may submit a completed application packet in person, by mail, by fax, or by uploading it using the secure link. Please be sure to include all required documents.

**Online Submissions**
Use link below to upload securely via ShareFile:
[https://sfgov.sharefile.com/r-re74412204d64c0c8](https://sfgov.sharefile.com/r-re74412204d64c0c8)

**US Postal Service or In-Person Submissions**
DTHP Program
Mayor’s Office of Housing and Community Development
1 South Van Ness, Fifth Floor
San Francisco, CA 94103

**Fax Submission**
Fax (415) 701-5501

For specific questions regarding this program or completing the application please call (415) 701-5613. We will strive to return your call within 48 hours.
DISPLACED TENANT HOUSING PREFERENCE
CERTIFICATE APPLICATION

To be eligible for the DTHP certificate you must meet one of the following criteria. 1) You have experienced an Ellis Act or Owner Move-In (OMI) eviction in San Francisco on or after January 1, 2010. 2) You have been displaced due to a fire in San Francisco and cannot return to the unit within six months of the displacement. 3) The affordability restrictions on your building have/will be expiring. For more detailed information about DTHP eligibility rules please visit http://sfmohcd.org/displaced-tenant-housing-preference-program-0.

NAME
Title First Name Middle Name Last Name mm/dd/yy

CURRENT ADDRESS
Street # Street Name Street Type Unit
Address Line Two
City State Zip Code

MAILING ADDRESS*
Street # Street Name Street Type Unit
Address Line Two
City State Zip Code

*Best address to send the physical certificate to.

CONTACT INFORMATION
DAYTIME PHONE EVENING PHONE EMAIL ADDRESS
Area Code Phone Number Area Code Phone Number

Alternate Contact: ____________________________________________ (Name & Phone Number)

DISPLACEMENT TYPE (Check which type applies):
Ellis Act ☐ Owner Move-In (OMI) ☐ Fire Displacement ☐

ADDRESS WHERE DISPLACEMENT OCCURRED
Street # Street Name Street Type Unit
Address Line Two
City State Zip Code

DISPLACEMENT ADDRESS HISTORY
Date of Move In Date Eviction Notice* Was Filed Date of Move Out
mm/dd/yy mm/dd/yy mm/dd/yy

*Date the Notice of Intent to Withdraw (Ellis Act) or Eviction Notice (OMI) was filed by your landlord with the San Francisco Rent Board. For OMI Evictions, if the Eviction Notice was not filed with the Rent Board, enter the date that the Eviction Notice was served to you.
**DISPLACED TENANT HOUSING PREFERENCE CERTIFICATE APPLICATION**

### COMPLETE THIS SECTION ONLY IF DISPLACED THROUGH AN ELLIS ACT OR OMI EVICTION

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Details/Documentation Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is your name listed on the Notice of Intent to Withdraw (Ellis Act) or Eviction Notice (OMI) filed with the Rent Board?</td>
<td></td>
<td>Any two of the documents described below (must be dated within 45 days prior to the date that the NOI or Eviction Notice was filed with the Rent Board or served on the tenant)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Eviction Notice for the withdrawn unit.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Utility bill (landline phone, cable, internet, water, gas, electric, or garbage)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Paystub</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Public benefits records (e.g. SSI/SSDI, Medi-Cal, General Assistance, Unemployment Insurance, CalFresh)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>School records</td>
</tr>
</tbody>
</table>

If you answered **yes**, no further documentation is required.

If you answered **no**, you must submit documentation as described here:

- Eviction Notice for the withdrawn unit.
- Utility bill (landline phone, cable, internet, water, gas, electric, or garbage)
- Paystub
- Public benefits records (e.g. SSI/SSDI, Medi-Cal, General Assistance, Unemployment Insurance, CalFresh)
- School records

### COMPLETE THIS SECTION ONLY IF DISPLACED DUE TO A FIRE

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Details/Documentation Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you currently displaced due to a fire?</td>
<td></td>
<td>▪ Copy of Order to Vacate OR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Copy of Signed Lease OR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Any two of the documents described below (must be dated within 45 days prior to the date of the fire displacement). Copies may be obtained by agencies if needed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Utility bill (landline phone, cable, internet, water, gas, electric, or garbage)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Paystub</td>
</tr>
<tr>
<td></td>
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<td>Public benefits records (e.g. SSI/SSDI, Medi-Cal, General Assistance, Unemployment Insurance, CalFresh)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>School records</td>
</tr>
<tr>
<td>Are you unable to return to the unit for six months from the date of displacement?</td>
<td></td>
<td>AND</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ A Fire Displacement Verification form (found on Page 5) completed by a public safety official.</td>
</tr>
</tbody>
</table>

If you answered **no**, you do not qualify for this preference.

If you answered **yes**, you must submit documentation as described here:

- Copy of Order to Vacate OR
- Copy of Signed Lease OR
- Any two of the documents described below (must be dated within 45 days prior to the date of the fire displacement). Copies may be obtained by agencies if needed.
- Utility bill (landline phone, cable, internet, water, gas, electric, or garbage)
- Paystub
- Public benefits records (e.g. SSI/SSDI, Medi-Cal, General Assistance, Unemployment Insurance, CalFresh)
- School records
- A Fire Displacement Verification form (found on Page 5) completed by a public safety official.

AND

All records submitted to MOHCD must bear the applicant’s name and the address as it appears on your current lease the Notice of Intent to Withdraw, Eviction Notice or Fire Displacement Verification Form. All documents must be verifiable by the source. MOHCD reserves the right to reject any documentation as questionable or unverifiable.

(Continued on next page)
DECLARATION OF CONTINUOUS OCCUPANCY

For Ellis Act and Owner Move-In Evictions only:

I, (name here) ____________________________________________, lived at
(eviction address here) ____________________________________________
at the time my landlord filed a Notice of Intent to Withdraw (Ellis Act eviction) or an Eviction Notice
(Owner Move-In eviction) with the San Francisco Rent Board or served me with an Eviction Notice.

For displacement due to a fire only:

I, (name here) ____________________________________________, lived at
(displacement address here) ____________________________________________
at the time of the fire. I am currently displaced due to the fire and I cannot return to the unit within a period
of six months from the date of the displacement.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and
accurate. I acknowledge and understand that this Affidavit will be relied upon for purposes of determining my
eligibility for the Displaced Tenant Housing Preference Program. I acknowledge that a material misstatement
fraudulently or negligently made in this Affidavit or in any other statement made by me in connection with the
application under the Preferences in Affordable Housing Programs (pursuant to Ordinance No. 0164-16) will
result in the City’s denial of my application.

_________________________________________________________  _____________________________
APPLICANT’S SIGNATURE                                      DATE
These optional questions will not affect your eligibility in any way.
Your individual answers are kept completely confidential and used only for statistical purposes.

Which best describes 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: ______________________

Which best describes your sexual orientation or sexual identity? (Check one)

☐ Bisexual
☐ Gay/ Lesbian/Same-Gender Loving
☐ Questioning/Unsure
☐ Straight/ Heterosexual
☐ 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

Date of Birth ______________________

Primary Language ______________________

Gross Annual Income (Individual) $ __________ per year

Household Size ________________ people

Please find more information on the demographic information requested at www.sfmohcd.org

ID REQUIREMENT

☐ I have provided a copy of a valid government issued ID.

AFFIDAVIT

☐ I have signed the “Affidavit of Continuous Occupancy” on page 3 of this application.

ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND MADE FOR THE PURPOSE OF APPLYING FOR A DISPLACED TENANT HOUSING PREFERENCE CERTIFICATE THROUGH THE CITY AND COUNTY OF SAN FRANCISCO. VERIFICATION MAY BE OBTAINED FROM ANY SOURCE NAMED IN THIS APPLICATION. I FULLY UNDERSTAND THAT TO KNOWINGLY MAKE ANY FALSE STATEMENTS CONCERNING THIS APPLICATION WILL RESULT IN THE CITY’S DENIAL OF THIS APPLICATION.

______________________________

APPLICANT’S SIGNATURE

______________________________

DATE
**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 the Human Services Agency – Emergency Response Unit (170 Otis Street): kira.barrera@sfgov.org and 415-557-5311.

<table>
<thead>
<tr>
<th>NAME</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>First Name</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS WHERE FIRE DISPLACEMENT OCCURRED</th>
<th>FIRE DISPLACEMENT DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street #</td>
<td>Street Name</td>
</tr>
<tr>
<td>Address Line Two</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

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  
1 South Van Ness Avenue, 5th Fl. San Francisco, CA 94103  
Main Phone (415) 701-5500  •  Fax (415) 701-5501  •  TDD (415) 701-5503  •  www.sfmohcd.org
INSTRUCTIONS

DOCUMENT CHECKLIST FOR APPLICANTS (Please Review)

**REQUIRED DOCUMENTS LIST**

*Required For All DTHP Applications*

- Completed DTHP Application: Pages 1-4
  - Completed page one.
  - Checked off appropriate type of displacement on page two.
  - Completed pages and signatures on page three and four.

- A copy of a Government Issued ID

**Required for DTHP Ellis Act or Owner Move-In (OMI) Eviction Application**

- Any supporting documents required:
  (pay stubs, school records, PG&E, cable, internet or garbage bill)

**Required for DTHP Fire Displacement Application**

- If you were displaced due to a fire page five the “Fire Displacement Verification” Form is required

Submit your complete signed application, supporting documents and a **copy of your ID** via one of the following:

**Online Submissions (preferred)**
Upload using secure link via ShareFile: [https://sfgov.sharefile.com/r-r26f978477224e269](https://sfgov.sharefile.com/r-r26f978477224e269)

**Fax Submissions**
(415) 701-5501

**US Postal Service or In-Person Submissions**
DTHP Program
Mayor’s Office of Housing and Community Development
1 South Van Ness Avenue, 5th Floor
San Francisco, CA 94103

**Next steps:**
MOHCD will contact you in writing with your eligibility status and/or if any additional documents are required.