

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



**DISPLACED TENANT HOUSING PREFERENCE
CERTIFICATE APPLICATION
EXPIRING AFFORDABILITY RESTRICTION**

London N. Breed
Mayor

Eric Shaw
Director

DTHP Program Application Instructions

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

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

You may submit a completed application packet and supporting documents in person, by mail, or by uploading it to the secure link below. Please be sure to include all required documents for all household members seeking a DTHP Certificate.

Online Submissions (This is the most secure and preferred way to submit your application)

Upload using a Secure Link: <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

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

EXPIRATION OF AFFORDABILITY RESTRICTIONS

Use this form to apply for the DTHP certificate if you are an affordable housing tenant who will pay more than 40% of their income in rent due to the expiring affordability restrictions in your City sponsored building . All household members over the age of 18 are eligible however, please submit one application per household. For more detailed information about DTHP eligibility rules please visit <http://sfmohcd.org/displaced-tenant-housing-preference-program-0>.

TODAY'S DATE: _____

CONTACT INFORMATION	NAME				

	<i>Title</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	
	CURRENT ADDRESS		MAILING ADDRESS*		
	<input type="checkbox"/> Check if same as current address				
	_____		_____		
	<i>Street #</i>	<i>Street Name</i>	<i>Street Type</i>	<i>Unit</i>	
	_____		_____		
	<i>Address Line Two</i>		<i>Address Line Two</i>		
	_____		_____		
<i>City</i>	<i>State</i>	<i>Zip Code</i>			
<i>City</i>	<i>State</i>	<i>Zip Code</i>			
*Best address to send the physical certificate to.					
DAYTIME PHONE		EVENING PHONE		EMAIL ADDRESS	
_____		_____		_____	
<i>Area Code</i>	<i>Phone Number</i>	<i>Area Code</i>	<i>Phone Number</i>		
Alternate Contact: _____ (Name & Phone Number)					

DISPLACEMENT INFORMATION	Is your current address the same as the address were the affordability restrictions are due to or have expired? YES <input type="checkbox"/> NO <input type="checkbox"/>				
	If you answered No, please provide information below:				
	ADDRESS WHERE RESTRICTIONS EXPIRED		DATE OF RENT INCREASE NOTIFICATION	AFFORDABLE HOUSING HISTORY	
	_____		_____	Date of Move In	Date of Move Out
<i>Street #</i>	<i>Street Name</i>	<i>Street Type</i>	<i>Unit</i>	<i>mm/dd/yy</i>	<i>mm/dd/yy</i>
_____		_____	_____	_____	_____

DISPLACED TENANT HOUSING PREFERENCE CERTIFICATE APPLICATION

EXPIRATION OF AFFORDABILITY RESTRICTIONS

Include ALL members of your household, regardless of age.

Head of Household = Household Member 1

HOUSEHOLD MEMBER #1 Head of Household	LEGAL NAME		DATE OF BIRTH		
	_____		_____		
	<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Month</i>	<i>Day</i>
			<i>Year</i>		
OCCUPATION:			ON LEASE?		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
MARRIED OR DOMESTIC PARTNERED?		DEPENDENT?	IN SCHOOL?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
RELATIONSHIP TO HEAD OF HOUSEHOLD:					

Household Member 2

HOUSEHOLD MEMBER #2	LEGAL NAME		DATE OF BIRTH		
	_____		_____		
	<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Month</i>	<i>Day</i>
			<i>Year</i>		
OCCUPATION:			ON LEASE?		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
MARRIED OR DOMESTIC PARTNERED?		DEPENDENT?	IN SCHOOL?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
RELATIONSHIP TO HEAD OF HOUSEHOLD:					

Household Member 3

HOUSEHOLD MEMBER #3	LEGAL NAME		DATE OF BIRTH		
	_____		_____		
	<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Month</i>	<i>Day</i>
			<i>Year</i>		
OCCUPATION:			ON LEASE?		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
MARRIED OR DOMESTIC PARTNERED?		DEPENDENT?	IN SCHOOL?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
RELATIONSHIP TO HEAD OF HOUSEHOLD:					

Household Member 4

HOUSEHOLD MEMBER #4	LEGAL NAME		DATE OF BIRTH		
	_____		_____		
	<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Month</i>	<i>Day</i>
			<i>Year</i>		
OCCUPATION:			ON LEASE?		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
MARRIED OR DOMESTIC PARTNERED?		DEPENDENT?	IN SCHOOL?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
RELATIONSHIP TO HEAD OF HOUSEHOLD:					

(If you need to add more household members, please attach a separate sheet to this application)

Total Household Size Including Dependents:

HOUSEHOLD MEMBER INFORMATION

DISPLACED TENANT HOUSING PREFERENCE CERTIFICATE APPLICATION

EXPIRATION OF AFFORDABILITY RESTRICTIONS

“HH#” = Household Member Number

EMPLOYMENT: Please write “unemployed” under “Name of Employer” for unemployed household members

HH#	Employer Name	Employer Address	Begin Date & End Date (mm/dd/yyyy)	Self-Employed? (Yes/No)	Hours per Week	Gross Annual Income
1						\$
2						\$
3						\$
4						\$

GROSS ANNUAL INCOME for each household member

HH#	Wages	Social Security/Pensions Received Annually	Public Assistance Received Annually	Other Income Received Annually (i.e. Income from Retirement - if drawing funds; Income from Investments; Child Support; Alimony; etc.)
1				
2				
3				
4				
TOTALS	\$ (a)	\$ (b)	\$ (c)	\$ (d)
TOTAL GROSS ANNUAL INCOME Add (a) through (d):				\$ (e)

INCOME FROM ASSETS

Important: You must list every cash account that shows a household member as an account holder. Asset accounts can include, but are not limited to, checking and savings accounts, Certificates of Deposit, Mutual Funds, stocks, bonds, trust funds, limited liability investments, and any other account in which money is saved. If money is not saved in an institution (e.g. it is saved at home), applicants must list this amount, as well. Do not include material assets such as cars, boats, etc. -- only cash assets. Failure to list all accounts will disqualify your household from applying for the DTHP preference. Please attach additional sheets if necessary.

“HH #” = Household Member Number

HH #	Name of Institution (bank name, etc.)	Type of Asset (e.g: bank account, savings account, CD, mutual fund, trust fund, gift, etc.)	Current Cash Value of Asset
1			\$
2			\$
3			\$
4			\$
Total Household Liquid Assets (do not include retirement):			\$

DISPLACED TENANT HOUSING PREFERENCE CERTIFICATE APPLICATION

EXPIRATION OF AFFORDABILITY RESTRICTIONS

THE FOLLOWING QUESTIONS APPLY TO THE ENTIRE HOUSEHOLD (Response Required):

HOUSEHOLD DISCLOSURES

Does any household member have an ownership interest in a business entity? If yes, provide name of business: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any household member appeared on title for a housing unit in the past 3 years from the date of this application? If yes, enter name(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any household member using a Section 8 Housing Choice Voucher or Certificate, or any other form of housing assistance as a payment of rent? If yes, what type of housing assistance do you receive? _____ Please provide recipient's name(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

TERMS AND SIGNATURES

HOUSEHOLD CERTIFICATION AND SIGNATURES

THE INFORMATION ON THIS FORM WILL BE USED TO DETERMINE ELIGIBILITY. I/WE HAVE LISTED ALL PERSONS IN MY/OUR HOUSEHOLD. I/WE HAVE PROVIDED EACH HOUSEHOLD MEMBER'S ACCEPTABLE VERIFICATION OF CURRENT ANNUAL INCOME. I/WE HAVE ALSO DISCLOSED ALL ASSETS HELD BY EACH PERSON LISTED ON THE APPLICATION, AND HAVE PROVIDED DOCUMENTATION THEREOF. UNDER PENALTIES OF PERJURY, I/WE CERTIFY THAT THE INFORMATION PRESENTED IN THIS APPLICATION IS 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/WE FULLY UNDERSTAND THAT TO KNOWINGLY MAKE ANY FALSE STATEMENTS CONCERNING THIS APPLICATION CONSTITUTES AN ACT OF FRAUD AND WILL RESULT IN THE CITY'S DENIAL OF THIS APPLICATION.

Further, I and the household members named on this application have been notified that the affordability restrictions are set to or have expired.

Please Note: The City and County of San Francisco is subject to the requirements of the California Public Records Act, Government Code Section 6250, et seq. The Public Records Act provides that virtually all documents held or used by the City in the course of conducting the public's business are public records which the City, subject to certain limited exemptions, must make available for inspection and copying by the public. MOHCD will not disclose personal sensitive information including dates of birth, social security numbers and bank account numbers.

Must be signed by all applicants 18 years or older.

HH # "HH#" = Household Member Number

1		
	<i>Applicant's Signature</i>	<i>Applicant's Printed Name</i>
	<i>Applicant's Signature</i>	<i>Applicant's Printed Name</i>
	<i>Applicant's Signature</i>	<i>Applicant's Printed Name</i>
	<i>Applicant's Signature</i>	<i>Applicant's Printed Name</i>
	<i>Applicant's Signature</i>	<i>Applicant's Printed Name</i>

DISPLACED TENANT HOUSING PREFERENCE CERTIFICATE APPLICATION

EXPIRATION OF AFFORDABILITY RESTRICTIONS

DTHP DOCUMENTATION CHECKLIST

The following documentation is due for each household member who is 18 years old or older.

Household Last Name: _____	HH member #1	HH member #2	HH member #3	HH member #4
1. IDENTIFICATION Please provided a copy of a valid government issued ID.				
2. TAXES If you filed a Federal Income Tax form, submit: <ul style="list-style-type: none"> ▪ Signed and dated copies of the most recent (2) years of Federal Income Tax Returns (IRS Form 1040 or 1040EZ or 1040A form) ▪ Include all SCHEDULES, attachments, and W-2 form(s) 				
If you did NOT file a recent Federal Income Tax form, you must: <ul style="list-style-type: none"> ▪ Complete the attached Income Tax Declaration and submit it with documents to support your claim. 				
If you are applying between January 1st and April 15th, you must: <ul style="list-style-type: none"> ▪ Submit the most recent Federal Income Tax Form filed, and provide W-2 form(s) for the year you are about to file 				
3. INCOME If you work and receive paystubs, submit: <ul style="list-style-type: none"> ▪ Copies of the 3 consecutive and most recent paystubs. ▪ If hired recently, provide Employment Offer Letter. 				
If you receive severance pay , Social Security, unemployment benefits, retirement income, disability, public assistance, or the like, submit the: <ul style="list-style-type: none"> ▪ Most recent benefits or award letter stating your income. 				
If you are Self-Employed, you must: <ul style="list-style-type: none"> ▪ Complete the attached Self-Employed Declaration form and attach your Year to Date Profit and Loss statement plus the past 3 years of federal income tax returns. 				
If you are Unemployed and have ZERO income, you must: <ul style="list-style-type: none"> ▪ Complete the attached Unemployment Declaration 				
4. ASSETS <ul style="list-style-type: none"> ▪ 3 consecutive and most recent official bank and asset statements for ALL accounts and include ALL pages. ▪ A written explanation and supporting documentation for deposits totaling \$500 or more, not including your documented employment. 				
5. Housing Assistance Documentation If you receive a subsidy or have a housing voucher, you must: <ul style="list-style-type: none"> ▪ Submit most recent document stating eligibility for housing assistance voucher or subsidy 				



DISPLACED TENANT HOUSING PREFERENCE CERTIFICATE APPLICATION

STATISTICAL INFORMATION

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

Household Member 1:

WHAT IS YOUR GENDER? CHECK THE <u>ONE</u> THAT BEST DESCRIBES YOUR CURRENT GENDER IDENTITY		HOW DO YOU DESCRIBE YOUR SEXUAL ORIENTATION OR SEXUAL IDENTITY? CHECK ONE PLEASE		PRIMARY LANGUAGE SPOKEN AT HOME		
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Genderqueer/Gender Non-binary <input type="checkbox"/> Trans Female <input type="checkbox"/> Trans Male <input type="checkbox"/> Not listed. Please specify: _____		<input type="checkbox"/> Bisexual <input type="checkbox"/> Gay /Lesbian/Same-Gender Loving <input type="checkbox"/> Questioning /Unsure <input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Not listed. Please specify: _____ <input type="checkbox"/> Decline to Answer		<input type="checkbox"/> Chinese – Cantonese <input type="checkbox"/> Chinese – Mandarin <input type="checkbox"/> English <input type="checkbox"/> Filipino <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Language Spoken at Home		
RACE AND ETHNICITY						
ASIAN	BLACK	INDIGENOUS	LATINO	MIDDLE EASTERN/WEST ASIAN OR NORTH AFRICAN	PACIFIC ISLANDER	WHITE
<input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Mongolian <input type="checkbox"/> Central Asian <input type="checkbox"/> South Asian <input type="checkbox"/> Southeast Asian <input type="checkbox"/> Other Asian	<input type="checkbox"/> African <input type="checkbox"/> African American <input type="checkbox"/> Caribbean, Central American, South American or Mexican <input type="checkbox"/> Other Black	<input type="checkbox"/> American Indian/Native American. Specific Group: _____ <input type="checkbox"/> Indigenous from Mexico, the Caribbean, Central America or South America Specific Group: _____ <input type="checkbox"/> Other Indigenous	<input type="checkbox"/> Caribbean <input type="checkbox"/> Central American <input type="checkbox"/> Mexican <input type="checkbox"/> South American <input type="checkbox"/> Other Latino	<input type="checkbox"/> North African <input type="checkbox"/> West Asian <input type="checkbox"/> Other Middle Eastern or North African	<input type="checkbox"/> Pacific Islander <input type="checkbox"/> Chamorro <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> European <input type="checkbox"/> Other White
Date of Birth _____		Gross Annual Income (Individual) \$ _____ <i>per year</i>		Household Size:		

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



DISPLACED TENANT HOUSING PREFERENCE CERTIFICATE APPLICATION

STATISTICAL INFORMATION

Household Member 2:

WHAT IS YOUR GENDER? CHECK THE <u>ONE</u> THAT BEST DESCRIBES YOUR CURRENT GENDER IDENTITY	HOW DO YOU DESCRIBE YOUR SEXUAL ORIENTATION OR SEXUAL IDENTITY? CHECK ONE PLEASE	PRIMARY LANGUAGE SPOKEN AT HOME
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Genderqueer/Gender Non-binary <input type="checkbox"/> Trans Female <input type="checkbox"/> Trans Male <input type="checkbox"/> Not listed. Please specify: _____	<input type="checkbox"/> Bisexual <input type="checkbox"/> Gay /Lesbian/Same-Gender Loving <input type="checkbox"/> Questioning /Unsure <input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Not listed. Please specify: _____ <input type="checkbox"/> Decline to Answer	<input type="checkbox"/> Chinese – Cantonese <input type="checkbox"/> Chinese – Mandarin <input type="checkbox"/> English <input type="checkbox"/> Filipino <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Language Spoken at Home

RACE AND ETHNICITY						
ASIAN	BLACK	INDIGENOUS	LATINO	MIDDLE EASTERN/WEST ASIAN OR NORTH AFRICAN	PACIFIC ISLANDER	WHITE
<input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Mongolian <input type="checkbox"/> Central Asian <input type="checkbox"/> South Asian <input type="checkbox"/> Southeast Asian <input type="checkbox"/> Other Asian	<input type="checkbox"/> African <input type="checkbox"/> African American <input type="checkbox"/> Caribbean, Central American, South American or Mexican <input type="checkbox"/> Other Black	<input type="checkbox"/> American Indian/Native American. Specific Group: _____ _____ <input type="checkbox"/> Indigenous from Mexico, the Caribbean, Central America or South America Specific Group: _____ _____ <input type="checkbox"/> Other Indigenous	<input type="checkbox"/> Caribbean <input type="checkbox"/> Central American <input type="checkbox"/> Mexican <input type="checkbox"/> South American <input type="checkbox"/> Other Latino	<input type="checkbox"/> North African <input type="checkbox"/> West Asian <input type="checkbox"/> Other Middle Eastern or North African	<input type="checkbox"/> Pacific Islander <input type="checkbox"/> Chamorro <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> European <input type="checkbox"/> Other White

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DISPLACED TENANT HOUSING PREFERENCE CERTIFICATE APPLICATION

STATISTICAL INFORMATION

Household Member 3:

WHAT IS YOUR GENDER? CHECK THE <u>ONE</u> THAT BEST DESCRIBES YOUR CURRENT GENDER IDENTITY	HOW DO YOU DESCRIBE YOUR SEXUAL ORIENTATION OR SEXUAL IDENTITY? CHECK ONE PLEASE	PRIMARY LANGUAGE SPOKEN AT HOME
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Genderqueer/Gender Non-binary <input type="checkbox"/> Trans Female <input type="checkbox"/> Trans Male <input type="checkbox"/> Not listed. Please specify: _____	<input type="checkbox"/> Bisexual <input type="checkbox"/> Gay /Lesbian/Same-Gender Loving <input type="checkbox"/> Questioning /Unsure <input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Not listed. Please specify: _____ <input type="checkbox"/> Decline to Answer	<input type="checkbox"/> Chinese – Cantonese <input type="checkbox"/> Chinese – Mandarin <input type="checkbox"/> English <input type="checkbox"/> Filipino <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Language Spoken at Home

RACE AND ETHNICITY						
ASIAN	BLACK	INDIGENOUS	LATINO	MIDDLE EASTERN/WEST ASIAN OR NORTH AFRICAN	PACIFIC ISLANDER	WHITE
<input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Mongolian <input type="checkbox"/> Central Asian <input type="checkbox"/> South Asian <input type="checkbox"/> Southeast Asian <input type="checkbox"/> Other Asian	<input type="checkbox"/> African <input type="checkbox"/> African American <input type="checkbox"/> Caribbean, Central American, South American or Mexican <input type="checkbox"/> Other Black	<input type="checkbox"/> American Indian/Native American. Specific Group: _____ <input type="checkbox"/> Indigenous from Mexico, the Caribbean, Central America or South America Specific Group: _____ <input type="checkbox"/> Other Indigenous	<input type="checkbox"/> Caribbean <input type="checkbox"/> Central American <input type="checkbox"/> Mexican <input type="checkbox"/> South American <input type="checkbox"/> Other Latino	<input type="checkbox"/> North African <input type="checkbox"/> West Asian <input type="checkbox"/> Other Middle Eastern or North African	<input type="checkbox"/> Pacific Islander <input type="checkbox"/> Chamorro <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> European <input type="checkbox"/> Other White

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STATISTICAL INFORMATION

Household Member 4:

WHAT IS YOUR GENDER? CHECK THE <u>ONE</u> THAT BEST DESCRIBES YOUR CURRENT GENDER IDENTITY	HOW DO YOU DESCRIBE YOUR SEXUAL ORIENTATION OR SEXUAL IDENTITY? CHECK ONE PLEASE	PRIMARY LANGUAGE SPOKEN AT HOME
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Genderqueer/Gender Non-binary <input type="checkbox"/> Trans Female <input type="checkbox"/> Trans Male <input type="checkbox"/> Not listed. Please specify: _____	<input type="checkbox"/> Bisexual <input type="checkbox"/> Gay /Lesbian/Same-Gender Loving <input type="checkbox"/> Questioning /Unsure <input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Not listed. Please specify: _____ <input type="checkbox"/> Decline to Answer	<input type="checkbox"/> Chinese – Cantonese <input type="checkbox"/> Chinese – Mandarin <input type="checkbox"/> English <input type="checkbox"/> Filipino <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Language Spoken at Home

RACE AND ETHNICITY						
ASIAN	BLACK	INDIGENOUS	LATINO	MIDDLE EASTERN/WEST ASIAN OR NORTH AFRICAN	PACIFIC ISLANDER	WHITE
<input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Mongolian <input type="checkbox"/> Central Asian <input type="checkbox"/> South Asian <input type="checkbox"/> Southeast Asian <input type="checkbox"/> Other Asian	<input type="checkbox"/> African <input type="checkbox"/> African American <input type="checkbox"/> Caribbean, Central American, South American or Mexican <input type="checkbox"/> Other Black	<input type="checkbox"/> American Indian/Native American. Specific Group: _____ _____ <input type="checkbox"/> Indigenous from Mexico, the Caribbean, Central America or South America Specific Group: _____ _____ <input type="checkbox"/> Other Indigenous	<input type="checkbox"/> Caribbean <input type="checkbox"/> Central American <input type="checkbox"/> Mexican <input type="checkbox"/> South American <input type="checkbox"/> Other Latino	<input type="checkbox"/> North African <input type="checkbox"/> West Asian <input type="checkbox"/> Other Middle Eastern or North African	<input type="checkbox"/> Pacific Islander <input type="checkbox"/> Chamorro <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> European <input type="checkbox"/> Other White

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