

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



**SAN FRANCISCO AFFORDABLE HOUSING
RENTAL LOTTERY APPLICATION**
Willie B. Kennedy – August 2016

Edwin M. Lee
Mayor

Olson Lee
Director

ALL HOUSEHOLD MEMBERS MAY APPEAR ON ONLY ONE APPLICATION PER LISTING
(All applications containing any person who appears on more than one application
will be removed from the lottery)

YOUR NAME

YOUR DATE OF BIRTH

First Name

Middle Name

Last Name

mm/dd/yy

Address of the listing for which you are applying:
(REQUIRED FOR LOTTERY)

How many people will
live in your unit?

What is the total annual household gross (before taxes)
income from all sources for every person in your household?

\$

Do you or another member of your household have a housing voucher or subsidy? Yes No

YOUR RESIDENCE ADDRESS

We cannot accept a PO box here.

Street No. Street Name Street Type Unit

City State Zip Code

YOUR MAILING ADDRESS - you may use a PO box
(if different from residence address)

Street No. Street Name Street Type Unit

City State Zip Code

YOUR PHONE #

Home Work Cell

YOUR SECOND PHONE #

Home Work Cell

YOUR EMAIL

(leave blank if you don't have one)

Area Code Phone Number

Area Code Phone Number

APPLICANT AND CONTACT INFORMATION

SOMEONE WE MAY CONTACT IF WE CANNOT REACH YOU? (optional)

PHONE NUMBER

First Name

Last Name

(Area Code) Phone Number

HOW DO YOU KNOW THIS PERSON?

Family Member

Friend

Other

Social Worker or Housing Counselor **NAME OF AGENCY:**

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Who else will live in the unit for which you are applying, including minors?

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HOUSEHOLD MEMBER INFORMATION

First Name *Middle Name* *Last Name* *Date of Birth (mm/dd/yy)*

First Name *Middle Name* *Last Name* *Date of Birth (mm/dd/yy)*

First Name *Middle Name* *Last Name* *Date of Birth (mm/dd/yy)*

Please check all that apply to you and the household members that appear on this application:

- At least one member of my household (including me) lives in San Francisco
- At least one member of my household (including me) works in San Francisco
- At least one member of my household (including me) has served in the U.S. Military
- At least one member of my household (including me) requires a unit with ADA-Accessible features

Please specify needed features and indicate mobility impaired and/or hearing/vision impaired:

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HOUSEHOLD PREFERENCE INFORMATION

Does anyone in your household have either of the following preferences? (check all that apply)

If eligibility for a preference cannot be verified or acceptable documentation to prove eligibility for a preference is not submitted, your household will not receive the preference for which you indicate eligibility (you will not be otherwise penalized). Not all preferences listed below apply to all projects. Please see the project posting to find out which preferences apply.

<input type="checkbox"/> Displaced Tenant Housing Preference If you hold a Displaced Tenant Housing Preference Certificate (DTHP). DTHP Certificate holders are people who have been evicted through either an Ellis Act Eviction or an Owner Move In Eviction in 2010 or later. Name of DTHP Certificate Holder: _____	<input type="checkbox"/> Certificate of Preference If you hold a Certificate of Preference (COP) from the former San Francisco Redevelopment Agency. COP holders were displaced by Agency action generally during the 1960s and 1970s. Name of COP Holder: _____
If you have not heard of these preferences, you most likely do not have one. Please call 415-701-5613 if you think you qualify for either.	

CURRENT LIVING SITUATION

Thinking about the past 30 days, what best describes your living situation?

<input type="checkbox"/> I'm renting a room, apartment, or house. This includes living in a supportive housing unit or SRO for which you pay. How much is your rent per month? \$ _____	<input type="checkbox"/> I live in a home that I own <input type="checkbox"/> I live in a home that a household member owns, and I do not pay rent
<input type="checkbox"/> I'm homeless. Includes living outside, or in your car, or staying at a shelter, or in a motel/hotel paid for with an emergency voucher.	<input type="checkbox"/> I have somewhere to stay, but it isn't permanent. Includes staying with friends or family, living in a motel/hotel, or living in a medical or other facility, and those who have received an eviction notice for their current residence.
How long have you been in a temporary housing or homeless situation? _____ When was the last time you had a stable, long-term living situation (6 months ago, 2 years ago, etc.)?	

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