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 BIRT
First Name	Middle Name	Last Name	mm/dd/yy
Address of the listing for w (REQUIRED FOR LOTTE How many people will live in your unit?	RY) What is the total a	nnual household gross (befo urces for every person in yo	
Do you or another memb	er of your household have	e a housing voucher or su	i bsidy? 🗌 Yes 🗌 No
YOUR RESIDENCE ADDR We cannot accept a PO box he		YOUR MAILING ADDRE (if different from residence	ESS - you may use a PO box address)
Street No. Street Name	Street Type Unit	Street No. Street Name	Street Type Unit
City	State Zip Code	City	State Zip Code
YOUR PHONE # Home Work Cell	YOUR SECOND PHONE	(leave blank if you do	on't have one)
	FACT IF WE CANNOT REAC		PHONE NUMBER
First Name	Last Name		(Area Code) Phone Number
HOW DO YOU KNOW THI	S PERSON?		
Family Member	Friend Other		
	sing Counselor NAME OF		
CONTINUED ON NEXT PAG	GE		
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Who else will live in the unit for which you are applying, including minors?

First Name	Middle Name	Last Name	Date of Birth (mm/dd/y)
First Name	Middle Name	Last Name	Date of Birth (mm/dd/y)
First Name	Middle Name	Last Name	Date of Birth (mm/dd/y
	nt apply to you and the hou mber of my household (ind		
At least one me	mber of my household (inc	cluding me) lives in San Fra	ancisco
☐ At least one me ☐ At least one me	mber of my household (ind	cluding me) lives in San Fra	ancisco rancisco
☐ At least one me ☐ At least one me	mber of my household (inc	cluding me) lives in San Fra	ancisco rancisco
 At least one me 	mber of my household (ind mber of my household (ind mber of my household (ind	cluding me) lives in San Fra cluding me) works in San F cluding me) has served in t cluding me) requires a unit	ancisco rancisco he U.S. Military t with ADA-Accessible features

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(continued)

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.

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

Thinking about the past 30 days, what best describes <u>your</u> living situation?

 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? \$ 	 I live in a home that I own I live in a home that a household member owns, and I do not pay rent
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.	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 o	

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HOUSEHOLD PREFERENCE INFORMATION

CURRENT LIVING SITUATION

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(continued)

TERMS

This application must be physically received (by mail or in person) by the listing due date. Please contact the property developer or leasing agent for deadline and location to submit the application.

TERMS

Applicants will be contacted by the leasing agent in lottery rank and preference order until vacancies are filled. All of the information that you have provided will be verified and your eligibility confirmed. Your application will be removed from the lottery if you have made any fraudulent statements, or if any household member appears on more than one application for this listing. If we cannot verify a housing lottery preference that you have claimed, you will not receive the preference but will not be otherwise penalized. Should your application be chosen from the lottery, be prepared to fill out a more detailed application and provide required supporting documents. For more information, please contact the developer or leasing agent posted in the listing. **Completing this lottery application does not entitle you to housing or indicate you are eligible for housing; all applicants will be screened as outlined in the property's Resident Selection Criteria.**

I declare that the foregoing is true and accurate, and acknowledge that any misstatement fraudulently or negligently made on this application will result in removal from the lottery.

SIGNATURE PRINTE	ED NAME DATE
,	aper 🗌 MOHCD Website 🔲 Developer Website 🗌 Flyer Alert 🔲 Friend 🔲 Housing Counselor 🔲 Other
These OPTIONAL questions w	meeting our goal to serve all people vill <u>not</u> affect your eligibility for housing in any way. npletely confidential and used only for statistical purposes.
Which best describes your gender? (select one) Male) Which best describes your sexual orientation or sexual identity? (select one)
Trans Male Trans Female	Straight/ Heterosexual Gay Lesbian Bisexual Questioning/Unsure
Which best describes your ethnicity? (select one O Hispanic/Latino	Not listed - please specify: Not Hispanic/Latino
Which best describes your race? (select one)	
O American Indian/Alaskan Native O Asian	 American Indian/Alaskan Native <u>and</u> Black/African American
 O Black/African American O Native Hawaiian/Other Pacific Islander 	 O American Indian/Alaskan Native <u>and</u> White O Asian <u>and</u> White O Distribution of the second se
O White	 O Black/African American <u>and</u> White O Other/Multiracial

