

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



**SAN FRANCISCO AFFORDABLE HOUSING
RENTAL LOTTERY APPLICATION**

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

APPLICANT INFORMATION

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

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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(continued)

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

CURRENT 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 or homeless situation? _____

When was the last time you had a stable, long-term living situation (6 months ago, 2 years ago, etc.)?

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)

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

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

If checked, please specify needed features and indicate mobility impaired and/or hearing/vision impaired:

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(continued)

HOUSEHOLD PREFERENCE INFORMATION

Does anyone in your household have any 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.

<p>At least one household member must live in San Francisco or work in San Francisco at least 75% of their working hours for the preferences below. To prove eligibility, one of the listed documents must be submitted with your application:</p> <p><input type="checkbox"/> Live in San Francisco Preference</p> <ul style="list-style-type: none"> • Telephone bill (land line only) • Cable or internet bill • Gas or Electric bill • Garbage bill • Water bill • Paystub (listing home address) • Public benefits record • School record <p><input type="checkbox"/> Work in San Francisco Preference</p> <ul style="list-style-type: none"> • Paystub (showing employer address in San Francisco) • Letter from employer verifying employment in San Francisco with at least 75% of working hours in the City 	<p><input type="checkbox"/> Neighborhood Resident Housing Preference This preference applies only to <u>new</u> projects. At least one household member must live within the same Supervisorial District or within a ½ mile buffer of the project for which you are applying. To prove eligibility, one of the following must be submitted with your application:</p> <ul style="list-style-type: none"> • Telephone bill (land line only) • Cable or internet bill • Gas or Electric bill • Garbage bill • Water bill • Paystub (listing home address) • Public benefits record • School record <p>What is the address of the household member for whom this preference applies?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 10%;"></td> <td style="border-bottom: 1px solid black; width: 45%;"></td> <td style="border-bottom: 1px solid black; width: 20%;"></td> <td style="border-bottom: 1px solid black; width: 25%;"></td> </tr> <tr> <td style="font-size: small;">Street #</td> <td style="font-size: small;">Street Name</td> <td style="font-size: small;">Street Type</td> <td style="font-size: small;">Unit</td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 25%;"></td> <td colspan="3" style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="font-size: small;">Zip Code</td> <td colspan="3" style="font-size: small;">Name of NRHP Holder</td> </tr> </table> <p style="text-align: center; font-size: small;">Documentation must list the household member's name and current address and be dated within 45 days of the date of this application.</p>					Street #	Street Name	Street Type	Unit					Zip Code	Name of NRHP Holder		
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Rent Burdened Or Assisted Housing Preference
San Francisco households that are currently spending more than 50% of their income for housing, or that reside in public housing or Project-Based HUD funded housing (not Section 8 Voucher program) are eligible for the Rent Burdened or Assisted Housing preference. **Households who qualify for this preference must meet the building's minimum income requirements.** To prove eligibility, the following must be submitted with your application (we will verify the amount of rent you pay after the lottery):

- For Residents of HUD Assisted Housing: a copy of your current lease agreement
- For Rent Burdened: copy of current lease AND proof of the last 3 months rent payments (i.e. money orders, cancelled checks or debits from your bank account); cash rent payment receipts are **not** acceptable as proof of rent payments

<p><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.</p> <p>Name of DTHP Certificate Holder:</p>	<p><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.</p> <p>Name of COP Holder:</p>
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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.

Check here if you are a current resident at the Alice Griffith Housing Development



