City and County of San Francisco



# SAN FRANCISCO AFFORDABLE HOUSING RENTAL LOTTERY APPLICATION

London N. Breed

Mayor

**Daniel Adams** 

Acting 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 DATE OF BIRTH
First Name	Middle Name	Last Name	mm/dd/yy
Address of the listing for	which you are applying:		
(REQUIRED FOR LOT			
How many people will live in your unit?		ual household gross (grant to m all sources for every perso	IC .
Do you or another mem	nber of your household	have a housing voucher of	or subsidy? Yes No
YOUR ADDRESS			
All primary applicants mus	· · · · · · · · · · · · · · · · · · ·		
YOUR RESIDENCE ADD		ess or an address close to wh	DDRESS - you may use a PO box
We cannot accept a PO box		(if different from resid	
Street No. Street Name	Street Type Ur	oit Street No. Street No.	ame Street Type Unit
City	State Zip C	City City	State Zip Code
YOUR PHONE #  ☐ Home ☐ Work ☐ Cell	YOUR SECOND PHO ☐ Home ☐ Work ☐		you don't have one)
			you don't have one;
Area Code Phone Number	r Area Code Phone I	Number	
WHO CAN CONTACT IF	WE CANNOT REACH YO	U? (optional)	
First Name	Last Name	(Area Code) Phone Numb	er Fmail
THIS IVAINE	Lust Nume	(Area code) Frioric Namio	CI LINUII
Street No. Street Name	Street Ty	pe Unit City	State Zip Code



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

This includes	a room, apartment, or has living in a supportive h	ousing unit or		h Ab - A - b		
SRO for which		J	_	home that a hou not pay rent	senoia me	emper owns,
How much is	s your rent per month?	\$				
	ng outside, or in your ca in a motel/hotel paid fo		Includes sometel/hoted and those	mewhere to stay, taying with friend tel, or living in a n who have receiv ent residence.	ds or famil nedical or	y, living in a other facility
_	you been in a temporal ast time you had a stabl	-			ago, etc.)	)?
Who else will li	ive in the unit for whi	ch vou are annly	ving including	minors?		
	ALL HOUSEHOLD MEMI		<b>.</b>		ER LISTING	
	All applications contain	ning any person w	ho appears on m	nore than one app		,
		will be removed	from the lottery	<i>1</i> .		
		Will be removed				
NAME					BIRTH (RI	EQUIRED)
NAME First	Middle	Last			BIRTH (RI	EQUIRED)  Year
First	Middle  TO PRIMARY APPLICAN	Last		DATE OF		
First		Last		DATE OF  Month		Year
First RELATIONSHIP		Last		DATE OF  Month	Day	Year
First  RELATIONSHIP  NAME  First	TO PRIMARY APPLICAN	Last Last		DATE OF  Month	Day	Year  EQUIRED)
First  RELATIONSHIP  NAME  First	TO PRIMARY APPLICAN	Last Last		DATE OF  Month  DATE OF	Day	Year  EQUIRED)  Year
First  RELATIONSHIP  NAME  First  RELATIONSHIP	TO PRIMARY APPLICAN	Last Last		DATE OF  Month  DATE OF	Day  BIRTH (RI	Year  EQUIRED)  Year
First  RELATIONSHIP  NAME  First  RELATIONSHIP  NAME  First	TO PRIMARY APPLICAN  Middle  TO PRIMARY APPLICAN	Last  Last  Last  Last  Last		DATE OF  Month  DATE OF  Month	BIRTH (RI	Year  Year  Year  EQUIRED)
First  RELATIONSHIP  NAME  First  RELATIONSHIP  NAME  First	TO PRIMARY APPLICAN  Middle  TO PRIMARY APPLICAN  Middle	Last  Last  Last  Last  Last		DATE OF  Month  DATE OF  Month  DATE OF  Month	BIRTH (RI	Year  Year  Year  Year  Year  Year
First  RELATIONSHIP  NAME  First  RELATIONSHIP  NAME  First  RELATIONSHIP	TO PRIMARY APPLICAN  Middle  TO PRIMARY APPLICAN  Middle	Last  Last  Last  Last  Last		DATE OF  Month  DATE OF  Month  DATE OF  Month	Day  BIRTH (RI  Day  BIRTH (RI  Day	Year  Year  Year  Year  Year  Year



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IBLE FEATURES	Check here if any household member (including you) requires a unit with ADA- Accessible features	Please check all that apply:  Mobility impaired Hearing impaired Vision impaired
ACCESSIBLE	If you have indicated ADA-accessible features will	be required, please specify needed features here:
	Does anyone in your household have any of the foll If eligibility for a preference cannot be verified or acceptable submitted, your household will not receive the preference penalized). Not all preferences listed below apply to all pro-	le documentation to prove eligibility for a preference is not for which you indicate eligibility (you will not be otherwise
	Documentation must list the household member's name a date of this application.	and current address and be dated within 45 days of the
	Live in San Francisco Preference	<b>☐</b> Work in San Francisco Preference
MALION	<ul> <li>Telephone bill (land line only)</li> <li>Cable or internet bill</li> <li>Gas or Electric bill</li> <li>Garbage bill</li> <li>Water bill (listing home address)</li> <li>Public benefits record</li> <li>School record</li> </ul>	<ul> <li>Paystub (showing employer address in San Francisco)</li> <li>Letter from employer verifying employment in San Francisco with at least 75% of working hours in the City</li> </ul>
HOUSEHOLD PREFERENCE INFORMATION	At least one household member must live in San Francisc hours for the Live or Work in San Francisco preferences a must be submitted with your application.	
T L K E	Live in the Neighborhood  This preference applies only to new projects. One of	the following must be submitted with your application:
HOLU YR	<ul> <li>Telephone bill (land line only)</li> <li>Cable or internet bill</li> <li>Water bill</li> </ul>	Public benefits record     School record ng home address)
OUSE	What is the name and address of the household mer	nber for whom this preference applies?
Ε	Name of NRHP Holder	
	Street # Street Name	Street Type Unit



eligibility, one of the listed documents must be submitted with your application

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# SAN FRANCISCO AFFORDABLE HOUSING RENTAL LOTTERY APPLICATION

(continued)

#### **Household Preferences (continued)**

Rent Burdened Preference  How much is the total rent per month paid by all members of this household?	Assisted Housing Preference Please submit from only one household mem		
Please submit from only <b>one</b> household member:  • Copy of your current lease agreement  AND	<ul> <li>Copy of your current lease agreement</li> <li>What is the name and address of the house member for whom this preference applies?</li> </ul>		
<ul> <li>Proof of the current rent payment (i.e. money order, cancelled check or debit from your bank account); a cash rent payment receipt is not acceptable as proof of rent payment</li> </ul>	Name  Street # Street Name and Type Unit		
Displaced Tenant Certificate  If you hold a Displaced Tenant Housing Preference Certificat (DTHP). DTHP Certificate holders are people who have been evicted through either an Ellis Act Eviction or an Owner	·		
Move In Eviction, or have been displaced by a fire.  Name of DTHP  Certificate Holder:	action generally during the 1960s and 1970  Name of  COP Holder:		
DTHP Certificate Number:	COP Certificate Number: (if you do not know the number, leave blank		
If you have not heard of these preferences Please call 415-701-5613 if you th	• •		
Check here if at least one household member has been disp presidentially-declared disaster. Your household will be give process. This will be verified through the displacing agency of	n the highest preference in the lottery ranking		



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(continued)

#### **TERMS**

Paper applications must be delivered by the listed due date via US mail to the PO Box address listed in DAHLIA San Francisco Housing Portal: housing.sfgov.org.

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 PRINTED NAME	DATE
Help us ensure we are meeting	g Counselor Radio Ad Bus or Billboard Ad Other
· · · ·	onfidential and used only for statistical purposes.
Which best describes your ethnicity? (select one)  ○ Hispanic/Latino  ○ Not Hispanic/Latino	What is your gender? (Check one that best describes your current gender identity)  Female  Male
Which best describes your race? (select one)  O American Indian/Alaskan Native  O American Indian/Alaskan Native and Black/African American	☐ Genderqueer/Gender Non-binary ☐ Trans Female ☐ Trans Male ☐ Not listed – please specify:
O American Indian/Alaskan Native <u>and</u> White	How do you describe your sexual orientation or sexual
O Asian and White O Black/African American O Black/African American and White O Native Hawaiian/Other Pacific Islander O Other/Multiracial O White	identity? (Check one)  Bisexual  Gay/ Lesbian/Same-Gender Loving  Questioning/Unsure  Straight/ Heterosexual  Not listed - please specify:

